

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90038 029 ***150.00

DOCUMENT # V03515

1. Entity Name

HS1 PRIMARY CARE CENTERS, INC.

Principal Place of Business

Mailing Address

1200 S. PINE ISLAND RD.
 STE. 600
 FT. LAUDERDALE FL 33324
 US

3000 GALLERIA TOWER
 SUITE 1000
 BIRMINGHAM AL 35244-2359

2. Principal Place of Business

1200 South Pine Island Road

3. Mailing Address

1200 South Pine Island Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

Suite 500

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33324

33324



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0302685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name **Robert J. Leahy**

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite 500

City

Ft. Lauderdale

FL

Zip Code

33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

See copy of filed change.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
 NAME **MOSQUERA, LUIS**
 STREET ADDRESS **3000 GALLERIA TOWER, SUITE 1000**
 CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE **VPSD** ☒ Delete
 NAME **FINLEY, SARA J**
 STREET ADDRESS **3000 GALLERIA TOWER, SUITE 1000**
 CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE **TD** ☒ Delete
 NAME **KIZER, LEISA**
 STREET ADDRESS **3000 GALLERIA TOWER, SUITE 1000**
 CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, D** ☐ Change ☒ Addition
 NAME **Mosquera Luis G**
 STREET ADDRESS **1200 South Pine Island Road, Suite 500**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33324**

TITLE **VP, S, D** ☐ Change ☒ Addition
 NAME **Leahy, Robert J.**
 STREET ADDRESS **1200 South Pine Island Road, Suite 500**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33324**

TITLE **VP, J, D** ☐ Change ☒ Addition
 NAME **Hogan, Kristin A**
 STREET ADDRESS **1200 South Pine Island Road, Suite 500**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33324**

TITLE **VP, D** ☐ Change ☒ Addition
 NAME **Biłowich, Martin E.**
 STREET ADDRESS **1200 South Pine Island Road, Suite 500**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33324**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roman Mosquera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00

954 335 6060

CR2E034 (9/99)